

NORWOOD –BRIDGEWATER REGIONAL HOUSING REHABILITATION PROGRAM PRE-APPLICATION

DATE: _____

- 1) NAME: _____
- 2) PROPERTY ADDRESS: _____
- 3) MAILING ADDRESS: _____
- 4) PHONE: _____ CELL: _____
- 5) EMAIL ADDRESS: _____
- 6) INVESTOR OWNED OR OWNER OCCUPIED: _____
- 7) FOR MULTI-FAMILY: NUMBER OF UNITS/APARTMENTS: _____

7a) NUMBER OF BEDROOMS IN EACH UNIT: _____

8) PLEASE NOTE THE NUMBER OF: ELDERLY (60 or over): _____ DISABLED: _____

9) FEMALE HEAD OF HOUSEHOLD? ☐ Yes ☐ No

10) PLEASE CIRCLE THE TOTAL NUMBER OF PERSONS LIVING IN THE HOUSEHOLD: **NORWOOD ONLY**

Household Size	1	2	3	4	5	6	7	8
Maximum Household Income	47,450	54,200	61,000	67,750	73,200	78,600	84,050	89,450

11) Is total income for all persons living in your household for the last twelve (12) months equal to or below the amount indicated in the row labeled "Maximum Household Income" for the size of your household?

☐ Yes ☐ No

12) TYPE OF REPAIR NEEDED ON THE HOME:

heating ___ plumbing ___ electrical ___
siding ___ roofing ___ replace windows ___
insulation ___ remove lead paint ___ remove asbestos siding ___
Other: _____

13) ARE YOU CURRENTLY RECEIVING FUEL ASSISTANCE? ☐ Yes ☐ No

14) HOW DID YOU HEAR ABOUT THE HOUSING REHAB PROGRAM? _____

TO BE COMPLETED BY TOWN STAFF:

IN TARGET AREA: _____ OUT OF TARGET AREA: _____

INCOME ELIGIBLE: _____ EMERGENCY: _____

Notes:

Date: _____